

**UNITED STATES PATENT APPLICATION TRANSMITTAL FORM**

**Mail Stop Patent Application  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Docket No.: 0001529/2257USU  
Customer No.: 27623

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Daniel Lyakovetsky

For: INSURANCE CLAIM INFORMATION SYSTEM

Enclosed are:

**XXX** Specification (24 pps.) consisting of: Description (18 pps); Claims (5 pps);  
Abstract (1 pp);

**XXX** 1 sheets of drawings;

**XXX** Declaration and Power of Attorney;

**XXX** An assignment of the invention to: IntelliClaim, Inc., including  
\$40.00 recordation fee and Assignment Recordation Form Cover Sheet;

       Information Disclosure Statement (with copies of patent);

       Form - PTO-1449;

**XXX** The undersigned attorney has verified that the applicant is entitled to a  
Small Entity Status; and

       Priority of U.S. Provisional Patent Application Serial No. \_\_\_\_\_, filed  
on \_\_\_\_\_ is claimed under 35 U.S.C. §119(e).

       Priority of U.S. Patent Application Serial No. \_\_\_\_\_, filed on \_\_\_\_\_  
\_\_\_\_\_ is claimed under 35 U.S.C. §120.

       Priority of application Serial No. \_\_\_\_\_ filed on \_\_\_\_\_, in  
\_\_\_\_\_ is claimed under 35 U.S.C. §119;

       A Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i).

The Filing Fee is calculated below.

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee \$770.00
Total Claims	16 - 20 =	0	x \$18.00	\$0
Independent Claims	6 - 3 =	3	x \$86.00	\$258.00
Multiple Dependent Claim Fee		x \$290.00 = \$0.00		
<b>TOTAL FILING FEE</b>		<b>\$1,028.00</b>		

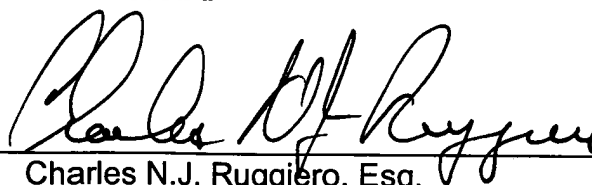
1/2 FILING FEE FOR SMALL ENTITY	<b>\$514.00</b>
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**XXX** A check in the amount of **\$554.00** (\$514 filing fee; \$40 assignment recordal fee) is enclosed.

**XXX** The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467**. A duplicate copy of this Form is enclosed.

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March 12, 2004  
Date of Signature



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Leslie Moscatello  
(Typed name of person mailing paper)

  
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